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TO: Attn.: Examiner Russell Marc Kobert FROM: Mr. James R. Foley, Reg. No. 39,979

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NOTES:

Inventors: Michael J. Berman et al.
For: CONTACT RESISTANCE DEVICE
FOR IMPROVED PROCESS
CONTROL

Serial No.: 10/723,701

Art Unit: 2829

Filed: November 26, 2003

Attorney Ref.: 03-1494



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PTO/S B/30 (09-04)

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Request for Continued Examination (RCE) Transmittal

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/723,701
Filing Date	November 26, 2003
First Named Inventor	Michael J. Berman
Art Unit	2829
Examiner Name	Russell Marc Kobert
Attorney Docket Number	03-1494

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1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

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- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- ii. ☒ Other Response to Office Action Mailed October 28, 2005 filed on December 20, 2005
- b. ☐ Enclosed
- i. ☐ Amendment/Reply
- iii. ☐ Information Disclosure Statement (IDS)
- ii. ☐ Affidavit(s)/Declaration(s)
- iv. ☐ Other _____

2. Miscellaneous


- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. ☐ Other _____

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- i. ☒ RCE fee required under 37 CFR 1.17(e)
- ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)
- iii. ☐ Other _____
- b. ☐ Check in the amount of \$ _____ enclosed
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Signature		Date	January 24, 2006
Name (Print/Type)	James R. Foley	Registration No.	39,979

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Signature		Date	January 24, 2006
Name (Print/Type)	James R. Foley	Date	January 24, 2006

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